



DEPARTMENT OF CORRECTIONS

TRAINING REQUEST FORM

1. Employee Name: _____ Employee ID #: _____ Work Location: _____
2. Division/Department/Title: _____
3. Workshop / Training Title: _____ Location: _____
4. Training Start Date _____ End Date _____ Training Hours _____
5. ☐ Training / Education Leave ☐ Out-Of-State Travel

Justify Training and/or Out-of-State travel:

6. **Registration:** Did you register yourself? ☐ Yes ☐ No MUST attach completed Workshop registration form.
- Do you need the department to register you? ☐ Yes ☐ No MUST attach completed Workshop registration form.
- Date registration completed: _____ Completed by: _____

IN STATE TRAVEL		OUT-OF-STATE TRAVEL	
Lodging	\$70.00 plus tax year round with receipt/unless high cost county \$12.00 Without Receipt	Lodging	Federal Room rates. \$12.00 Without Receipt.
Breakfast	\$ 5.00 Must Leave your Work Location Before 7 am	Breakfast	\$7.00
Lunch	\$ 6.00 If Arrive After 12:00 Noon	Lunch	\$11.00
Dinner	\$12.00 Must Arrive At Work Location After 6 pm	Dinner	\$23.00

7. Estimated Expenses: Registration: _____ Lodging: _____ Other: _____
Transportation: _____ Meals: _____ Total: _____

P/P Bureau Only: Training paid using Supervision fees ☐ Yes ☐ No

8. **Travel Advance Needed?** ☐ Yes ☐ No **Amount Needed:** _____ *30 day advance notice is necessary for ALL travel advances.*

9. **Organization Center No:** _____ *This must be completed or your request form will be returned.*

☐ Yes
☐ No

1

Employee Signature Date

2

Immediate Supervisor Signature Date

☐ Yes
☐ No

☐ Yes
☐ No

3

Administrator's Signature Date

4

YSD Administrator Signature Date
YSD Staff Only

☐ Yes
☐ No

☐ Yes
☐ No

5

Training Coordinator Signature Date

6

Budget Bureau Signature Date
Required for Out-of-State Travel

☐ Yes
☐ No

☐ Yes
☐ No

7

Staff Development Bureau Chief Signature Date
Required for Out-of-State Travel

8

Director's Signature Date
Required for Out-of-State Travel

Comments: